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CENTRAL FAX CENTER**OCT 30 2006****FAX TRANSMISSION****DATE:** October 30, 2006**PTO IDENTIFIER:** Application Number 10/813,076
Patent Number**Inventor:** Tetsuya SAKAI et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** MORRISON & FOERSTER LLP
Adam Keser**PHONE:** (703) 760-7301**Attorney Dkt. #:** 325772035700**PAGES (Including Cover Sheet):** 11**CONTENTS:** Transmittal (1 page)
Fee Transmittal (1 page)
Amendment Under 37 CFR 1.116 (7 pages)
Certificate of Transmission (1 page)

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PTO/SB/97 (09-04)

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Application No. (if known): 10/813,076

Attorney Docket No.: 325772035700

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Transmittal (1 page)

Fee Transmittal (1 page)

Amendment Under 37 CFR 1.116 (7 pages)

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OCT 30 2006

PTO/SB/21 (09-04)

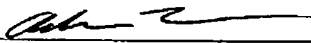
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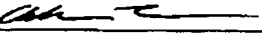
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/813,076	
	Filing Date	March 31, 2004	
	First Named Inventor	Tetsuya SAKAI	
	Art Unit	2852	
	Examiner Name	Q. M. Grainger	
Total Number of Pages in This Submission	9	Attorney Docket Number	325772035700

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP		
Signature			
Printed name	Adam Keser		
Date	October 30, 2006	Reg. No.	54,217

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Dated: October 30, 2006	Signature:  (Adam Keser)

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PTO/SB/17 (01-06)

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FEE TRANSMITTAL For FY 2006		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number: 10/813,078 Filing Date: March 31, 2004 First Named Inventor: Tetsuya SAKAI Examiner Name: Q. M. Grainger Art Unit: 2852 Attorney Docket No.: 325772035700	
TOTAL AMOUNT OF PAYMENT (\$) 400.00		Attorney Docket No.: 325772035700	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)																					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																					
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)														
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)															
Utility	300	150	500	250	200	100															
Design	200	100	100	50	130	65															
Plant	200	100	300	150	160	80															
Reissue	300	150	500	250	600	300															
Provisional	200	100	0	0	0	0															
2. EXCESS CLAIM FEES																					
Fee Description							Small Entity Fee (\$)														
Each claim over 20 (including Reissues)							50														
Each independent claim over 3 (including Reissues)							200														
Multiple dependent claims							360														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Total Claims</td> <td style="text-align: right;">Extra Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> <td style="text-align: right;">Multiple Dependent Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td style="text-align: right;">13</td> <td style="text-align: right;">- 20 =</td> <td style="text-align: right;">x</td> <td style="text-align: right;">=</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> </table>							Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)	13	- 20 =	x	=	Fee (\$)	Fee Paid (\$)	Fee Paid (\$)	
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)															
13	- 20 =	x	=	Fee (\$)	Fee Paid (\$)	Fee Paid (\$)															
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Indep. Claims</td> <td style="text-align: right;">Extra Claims</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td style="text-align: right;">5</td> <td style="text-align: right;">- 3 =</td> <td style="text-align: right;">2 x 200.00 =</td> <td style="text-align: right;">400.00</td> </tr> </table>							Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	5	- 3 =	2 x 200.00 =	400.00							
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)																		
5	- 3 =	2 x 200.00 =	400.00																		
HP = highest number of total claims paid for, if greater than 20. HP = highest number of independent claims paid for, if greater than 3.																					
3. APPLICATION SIZE FEE																					
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Total Sheets</td> <td style="text-align: right;">Extra Sheets</td> <td style="text-align: right;">Number of each additional 50 or fraction thereof</td> <td style="text-align: right;">Fee (\$)</td> <td style="text-align: right;">Fee Paid (\$)</td> </tr> <tr> <td style="text-align: right;">- 100 =</td> <td style="text-align: right;">/50</td> <td style="text-align: right;">(round up to a whole number) x</td> <td style="text-align: right;">=</td> <td style="text-align: right;">Fees Paid (\$)</td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	- 100 =	/50	(round up to a whole number) x	=	Fees Paid (\$)				
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)																	
- 100 =	/50	(round up to a whole number) x	=	Fees Paid (\$)																	
4. OTHER FEE(S)																					
Non-English Specification, \$130 fee (no small entity discount)																					
Other (e.g., late filing surcharge): _____																					

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	54,217
Name (Print/Type)	Adam Keser	Telephone	(703) 760-7301
		Date	October 30, 2006

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OCT 30 2006
Docket No.: 325772035700
(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Tetsuya SAKAI et al.

Application No. 10/813,076

Confirmation No. 5274

Filed: March 31, 2004

Art Unit: 2852

For: **IMAGE FORMING APPARATUS AND
DEVICE FOR DETERMINING THE DENSITY
AND POSITION OF A TONER PATTERN (as
amended)**

Examiner: Quana M. Grainger

AMENDMENT UNDER 37 CFR 1.116

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Action dated July 28, 2006, please amend this application as follows.

Amendments to the Claims begin on page 2.

Remarks begin on page 7.

10/31/2006 TL0111 00000064 031952 10013076
01 FC:1201 400.00 DA

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